

Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS Department of Mental Health		CONTACT PERSON Kris Jones	TELEPHONE NUMBER 601-359-1288	
ADDRESS 239 N. Lamar St. Suite 1101		CITY Jackson	STATE MS	ZIP 39201
EMAIL Kris.jones@dmh.state.ms.us	SUBMIT DATE 10-11-2010	Name or number of rule(s): Mississippi Department of Mental Health Minimum Standards for Community Mental Health/Mental Retardation Service Providers		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal:

The DMH's Minimum Standards for Community Mental Health/Mental Retardation Service Providers have been revised to consolidate standards, introduce new standards, and make needed clarifications. The layout of the document has been completely reworked. Standards contained in Parts and Sections have been relocated throughout the document. Information is reflected both in its original placement of the '02 revision and where it is proposed in this '11 revision.

Specific legal authority authorizing the promulgation of rule: Section 41-4-7 of the Mississippi Code, 1972, Annotated

List all rules repealed, amended, or suspended by the proposed rule: '02 revision of MS DMH Minimum Standards

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

☒ Presently, an oral proceeding is not scheduled on this rule.

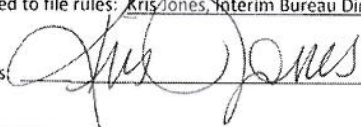
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES _____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	PROPOSED ACTION ON RULES Action proposed: _____ New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: _____ 30 days after filing <input checked="" type="checkbox"/> Other (specify): <u>January 1, 2011</u>	FINAL ACTION ON RULES Date Proposed Rule Filed: _____ Action taken: _____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: _____ 30 days after filing _____ Other (specify): _____
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Printed name and Title of person authorized to file rules: Kris Jones, Interim Bureau Director

Signature of person authorized to file rules: 

OFFICIAL FILING STAMP  Accepted for filing by _____	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP  Accepted for filing by <u>17341 CB</u>	OFFICIAL FILING STAMP  Accepted for filing by _____
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.